

STATE OF TEXAS
PURCHASE VOUCHER Page ____ of ____

WPS-1 (9/93)

1. Archive reference number	2. Agency No. 501	3. Agency Name TEXAS DEPARTMENT OF HEALTH			4. Current document number
	5. Effective date	6. DOC date	7. Due date	8. Doc Agency 501	
9. Payee identification number	10. PDT	11. PCC	12. Requisition number		13. Document amount
14. Payee name/address		15. GSC order number		17. AGENCY USE FUND ____ BUDGET ____ CAT. ____ SERV DATE General ____ or Program ____ Activity Code	
		16. Lease number			

18. SFX 001	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
	Invoice number			Description			AGENCY USE				
18. SFX 002	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
	Invoice number			Description			AGENCY USE				
18. SFX 003	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
	APPN	Fund	NACUBO Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
	Invoice number			Description			AGENCY USE				

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT

24. Contact name	Phone (Area code and number)	25. Entered by
26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.		
Approved sign here <	Phone (Area code and number)	Date
Fiscal Approved sign here <	Phone (Area code and number)	Date